

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - NHC MAURY REGIONAL TRANSITION B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NHC-MAURY REGIONAL TRANSITIONAL CARE

5010 TROTWOOD AVE
COLUMBIA, TN 38401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment.</p> <p>The findings included:</p> <p>1. Observation on 7/17/17 at 10:08 AM, revealed CO2 cylinders stored in the kitchen without any visible precautionary signs posted. NFPA 55, 4.10.2.3 (2010 Edition)</p> <p>2. Observation on 7/17/17 at 11:09 AM-1:12 PM, revealed deficiencies in the following mechanical rooms:</p> <p>a. 1300 hall mechanical room: -mixed fire stop -corners not properly sealed.</p> <p>b. 1400 hall mechanical room the corners were not properly sealed.</p> <p>c. 1100 hall mechanical room a penetration cut into the wall</p> <p>d. Kitchen above the ceiling next to the Dietary Managers office - firestop falling out - 1 inch conduit (low voltage wires not sealed on the end) - 1/2 inch conduit not sealed on the end next to the kitchen clock. NFPA 101, 8.3.5 (2012 Edition)</p> <p>The maintenance director was present when</p>	N 831	<p>Director of plant operations will correct overall physical environment</p> <p>Precautionary sign will be placed in the kitchen</p> <p>1300 hall mechanical room mixed fire stop will be corrected</p> <p>1400 hall mechanical room corners will be sealed correctly</p> <p>1100 hall mechanical room a penetration corrected</p> <p>Kitchen ceiling will be corrected</p>	9/4/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

788Z21

TITLE

(X6) DATE

If continuation sheet 1 of 2

PRINTED: 07/18/2017
FORM APPROVED

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER NHC-MAURY REGIONAL TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5010 TROTWOOD AVE COLUMBIA, TN 38401		
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N 831	Continued From page 1 these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 7/17/17.	N 831		

Division of Health Care Facilities
STATE FORM

8799

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If continuation sheet 2 of 2